

*The London Medical Society*  
*from the author* 5  
REPORT,

BY

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ETC., ETC.

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"*On Crime, its Nature, Cause, and Remedy (psychologically treated)*,"  
&c., &c., &c.

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J.V.B.

The Medical Report  
OF THE  
FEMALE SIDE  
OF  
THE COLNEY HATCH LUNATIC ASYLUM,  
*Middlesex*,  
BY JAMES GEORGE DAVEY, M.D.,  
&c., &c.

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TO THE COMMITTEE OF VISITORS TO THE COUNTY OF MIDDLESEX LUNATIC ASYLUM AT COLNEY HATCH.

GENTLEMEN,

In presenting to you this, the first Report of the Female Department of the County Asylum at Colney Hatch, it is with the highest satisfaction I feel myself enabled to state, that although it has been found both necessary and expedient to admit the Patients not only very quickly but in very large numbers at a time, nevertheless, not a single casualty of a *specific* or serious character has occurred among the Patients under my charge. The admission during a single week of so many as 135 insane persons, and in another instance, on one day, of even 84 Patients, was necessarily not unattended with some considerable anxiety; more particularly so, as some of the details of the building and the

wards, &c., were not, perhaps, in that state of completeness necessary for the accommodation of their expected inmates. I need hardly add that the general inexperience of the attendants, added to their first-conceived and erroneous views as to the treatment of the insane, aggravated this anxiety not a little. However, it is hoped that each succeeding week may find these difficulties alluded to, become less and less; and the experience already afforded of the working of the Establishment, fully justifies such an anticipation.

The great number of Patients admitted into the Asylum since its opening in July last, threw not only great responsibility on the Medical Department, but much real labour; and the variety and magnitude of this was, and is such, as to have caused much delay, not so much in the mere registry of the Patients, but in matters connected with their medical histories, progress, &c. &c. In fact, if the greater part of the time of the medical staff of Colney Hatch Asylum, were devoted to the mere clinical records of 1,300\* cases, no *three* persons could be expected to do the *Case-book* common justice.

The daily medical care of such a body of invalids is sufficient in itself to pretty fully occupy the Medical Officers attached to the Asylum; and where so much is to be done by moral means,—by judicious conversation, prudent and friendly intercourse, and by counsel and encouragement; in a word, by a proper surveillance of both mind and body, their duties must appear, as they really are, manifold and unceasing.

The Hanwell Asylum was opened in May, 1831, and up to December, of the same year, but 295 Patients (Male and Female) had been admitted, but between July 17th, 1851, and the date of this Report, (December 31st, 1851,) 1,080

\* The number of Patients the Asylum is expected to contain.



Patients have been admitted into Colney Hatch. It is true the former Establishment was intended originally for the accommodation of but 400 Patients, whereas the latter is expected to contain so many as 1,300 insane. In 1839, Dr. Conolly writes in his first Report, presented at the Michaelmas Quarter Sessions:—"The attempt to ascertain the nature of the numerous cases confided to his care was rendered difficult in consequence of the scanty records existing of any of them, whilst of many of the Patients no medical record, and no description of the mental condition was to be found; circumstances," he adds, "in some degree attributable to the number of Patients admitted into the Asylum at once, both when it was first opened, and after the completion of the Eastern and Western wings." If the Patients are at this time well classified at Colney Hatch, as they really are, and if the nature of each case admitted *has* not only been well ascertained, but duly recorded, both of which the "Registries" prove to have been done; and if the medical histories of a large proportion of the Patients *are to be found*, then does it follow, that in spite of the difficulties which have beset us, and to which allusion is above made, there is much reason to feel satisfied at the progress made during the past—the first year of these our labours.

The most interesting feature in the New County Asylum, at Colney Hatch, is doubtless the circumstance of its having been contrived and erected with a view to the entire disuse of mechanical restraint in the general control and direction of its inmates; and with no other object than the practical recognition of those humane principles of treatment which all past experience proves are alone adapted either to the relief or to the cure of the disordered mind.

In a first Report of an Institution of this kind, it is, I

conceive, requisite to put before you, in as concise a manner as may be, not only the mere number of Patients, but the various forms of mental disorder presented by an examination of those admitted ; and I have, therefore, prepared the annexed tabular form (Table No. 1) which presents, at one view, this necessary information.

With reference to the terms employed, the following brief explanation may be deemed useful. I would, however, premise, that I have chosen the use of those terms, the most simple, and at the same time the most expressive or practical ; rather than encumber this Report with the suggestions of the mere theorist or metaphysician. Thus, the words "Mania," "Melancholia," "Dementia," and "Imbecility," convey, in my humble judgment, a very good notion of the cerebral pathology of the great mass of the insane ; that is, so far as mere words can be expected to do.

It is true M. Marc and others have suggested many compound words, which, although eminently expressive, do but convey, in 99 cases out of 100, the characters of dominant symptoms ; and hence is their employment as a means of individualizing the various forms of insanity but of questionable utility. As an illustration, I would refer to the words "*phonomania*," "*pyromania*," and "*cleptomania*." Now the wards of every Lunatic Asylum will afford instances of Patients disposed to commit acts of violence, to burn, and to steal ; but, in 99 cases out of every 100, the desire to gratify either the one or the other of these propensities, is found, on enquiry, to constitute only the dominant indication of mental disorder. The instances of pure and unmixed *mono-maniacal* disease, I have always found of so infrequent occurrence, that for really *practical* purposes in the wards of an Asylum, I am disposed to omit the vocabulary of Marc

and others ; although this may be, and is, in strict and beautiful harmony with the most modern “psychological” discoveries.

The word “*mania*” is understood to mean that form of disease in which all the cerebral functions are more or less impaired ; the emotions, propensities, and intellectual powers have together assumed an altered action ; they are neither in harmony with each other, nor with the external world ; their irregularity and incoherence render the patient a mere automaton ; all normal volition is suspended in him, and he is the prey to feelings and desires which come not at his bidding, but, self-created, arise spontaneously and independently, of all external causes ; and hence the extravagance in conduct and speech of the maniac ; and hence also the oft succeeding and various delusions, which so harass and disturb him, each one harmonizing with the temporary and dominant emotion or feeling. The illusions of the external senses are, like the emotional feelings, mere external indications of an internal and acute affection of dissimilar parts of the brain. The increased activity of the brain is, for the most part, conveyed to the spinal cord, and whilst sensation is thereby rendered morbidly acute, the motive powers are called on to sympathize with it. The cerebro spinal irritation necessary involves the vital functions, and these, in mania, are always out of order,—more particularly those of digestion. The term “melancholia” may be said to require no explanation ; it is applied generally to that form of insanity which is marked by excessive fear and apprehension. As a form of “*monomania*,” it is not of frequent occurrence, but it is commonly a predominant sign or symptom of disordered mind ; and hence the frequent use of the word. “Dementia” signifies that impaired state of mind which has succeeded to more active



disorder, as “mania.” “Imbecility” I have employed to express all those mental defects and peculiarities which, “commencing in early life, are continued uninterruptedly “through the whole period of existence, and which are shewn “as much in various harmless eccentricities of manner, conversation, locomotion, or dress, as in any other way.” In such cases, both the perspective and reflective faculties are below par, and do not well respond to the calls made on them. Idiocy explains itself.

Many of each of the forms of mental disorder herein enumerated are complicated with epilepsy and paralysis;\* the former is, in some instances, reported in the Register as the cause of insanity. However, the occurrence of epileptiform disease in the progress of insanity is by no means infrequent, and justifies only an unfavorable prognosis. Some particulars are appended to this Report,† taken from the Register, relative to the causes and duration of the malady, to the relative proportion of the married and single, and to the education of the Patients, &c., &c.; though there are many female patients in the Asylum, of whom the information up to the present time obtained, is not only very scanty, but what is more, even that is doubtful.

It is very well known to those in the habit of investigating the origin and progress of the disordered mind, that causes and effects are very frequently confounded; either one being mistaken for the other of them. In a pauper establishment for the insane, of the magnitude of Colney Hatch, or of its sister Asylum at Hanwell, it must happen that the most prolific cause of indisposition among its inmates is referable to *poverty*. The unceasing and, in too many instances, the

\* See Table No. 2.

† See Tables Nos. 3, 4, 5, and 6 and *seq.*



hopeless struggles of the poorer and middle classes for a bare existence, necessarily predispose the brain to a diseased action; and this mental susceptibility or irritation is, as a matter of course, much aggravated by the physical discomforts and privations inseparable from their mode of life. No wonder then that, under such circumstances, some accidental addition to the bitter cup of sorrow, of which they have drank so long and so deeply, should wholly unbalance the tottering mind, and lay it prostrate in sickness. It has been truly said, disappointed affection, intemperance, domestic troubles, &c., are often resolvable into the *great cause of poverty*.

Of the 669 female Patients admitted since the opening of this Asylum in July last, to December 31st, there were many, who, having been subjected for a period more or less protracted, to the infliction of mechanical restraint, could hardly be expected rightly to appreciate their sudden and complete restoration to personal liberty, *i. e.* in so far as the entire disuse of leather belts, muffs, locks, jackets, &c., is concerned; and therefore was it that, on the first admission of Patients so habitually restrained, the refractory Wards called for much and unceasing supervision. The tearing of apparel and the destruction of glass threatened to become matters of serious moment. It is, however, a source of much and earnest satisfaction to be able to add, that the irritability and restlessness so manifest in the speech and deportment of the Patients alluded to, became, after some time, much less apparent: and although the difficulties of first opening the Asylum were considerably aggravated by the retirement of several of the most competent and experienced of the female Attendants, it was found (I may add, *necessarily* so), that by far the better way to restore composure to the overwrought brain, add strength to the failing volition, and to subdue

and tranquillize the excited passions of the maniac, was the employment of the "*magic of kindness*," as it has been eloquently styled; an expression which may be understood to mean the teaching, both by precept and example, of habits of order, self-control, and benevolence; these, under a right direction, are among the most certain remedial means available in an Establishment for the Insane,—and to this end should the united labours of all engaged in the cause of the unhappy Lunatic be, in all sincerity, directed.

Of the many Patients brought to the Asylum, in personal restraint of various kinds, these were all, with but *one* exception, restored directly to freedom; that is to say, on their entrance into the Admission Room of the Asylum, the jacket, or belts, or muffs, &c., &c., were taken from them, *never to be again applied*. The exception made was in the person of E. S., a middle-aged woman, suffering from acute mania, of the most violent description; this person was represented as entirely unmanageable without the jacket, bandages, &c., with both of which she was, on admission, literally attired. On being carried into a ward, and placed in a padded room, the jacket, &c., were then removed from her person, and, on visiting her a short time after, she had become comparatively quiet and composed. I directed her to be placed in a warm bath, and then to be comfortably attired; she afterwards ate a tolerably hearty dinner, and if one may judge from her conduct generally, and from the feelings she manifested in many ways, this poor creature, insane though she was, in a great measure appreciated her altered condition—her freedom from mechanical restraint. The *seclusion* of E. S. is from time to time found necessary; and with this aid, no kind of difficulty has, on any single occasion, been experienced in her management. Occasionally she is very maniacal, and

she then manifests a disposition to injure those about her ; but after a temporary seclusion in her room, she becomes tranquil, and even kindly disposed. That she has been what Dr. Conolly calls “spoiled,” by the imposition of mechanical restraint, extended over a long and, to her, eventful period, there is every reason to believe ; and that, moreover, the consequent neglect of a judicious treatment at a proper time has allowed the brain to assume a condition of disease from which recovery is hardly possible.

It may seem to the uninitiated almost incredible, that any number of insane persons may be so suddenly and completely divested of all restraint, as was done here, without fear and danger. However, not only was such a proceeding unattended with anything like an accident, of even a trifling character, but the removal of the jacket, &c., was, in many instances, responded to with evident signs of gratitude and esteem—even affection : the only casualty which did happen, if casualty it can be called, was on the admission of E. S., a handsome young woman, whose arms and hands were belted and locked to her waist ; on being released, she very evidently knew not what to do with her upper extremities, they having been for a period, one may hardly venture to calculate, in a state of involuntary inaction,—and after looking about her for a moment or two, she seized an old bonnet which was near her, and tore it to pieces, ere she was taken to her Ward. M. A. V., on admission, had her hands fastened with strong leather cuffs or muffs ; it was said she would bite her hands, and even eat her flesh, if these were removed ; they were removed, and with all impunity, but the patient neither bit her hands nor ate her flesh. She was then suffering from an attack of hysterical mania, but this has subsided.

The occupation of all the Wards, at the present time,



enables me to perfect the classification of the Patients; previously to which, the existence of certain defects and disadvantages in the distribution of the Patients over the Female side of the house diminished, to some extent, their comfort and well-being—a circumstance to be regarded as inseparable from the first opening and organization of every hospital for the insane. The number and arrangement of the Wards, the character and position of the Dormitories in each Ward, afford, as you are aware, all the facilities for the most desirable and perfect classification of the Patients; and there is needed but the carrying out of certain details, already submitted for your consideration and approval, to render Colney Hatch Asylum all it may and does profess to be.

As a strong and presumptive proof of the false and incorrect views entertained generally concerning the requirements of the insane, it may not be considered out of place to mention here the weakly and very delicate state of health in which a large number of the Female Patients were admitted from the Union Houses; *and this was very evidently the consequence of an improper and insufficient diet.* Inasmuch as insanity is, as a rule, a disease of debility, and tends, by its very nature, to exhaust the powers of life and enfeeble the constitution; not only is it *not* necessary or even prudent to employ a low diet, but on the other hand, it is *indispensable*, if we would place the poor Lunatic in the most favourable position to recover his or her mental health, to administer a good and sufficient quantity of wholesome and nutritious food, both solid and fluid. As an example of this fact, I may mention the following case:—M. B., a young Scotch woman, admitted in July, presented the appearance of one half starved; she was miserably pale and exsanguine, and withal much emaciated and very weakly; but this general debility was combined with

maniacal symptoms of an acute character. The treatment adopted was very simple; she was put on a generous diet, which included meat, porter, &c., and an occasional sedative was administered at night to procure sleep. With the exception of a few doses of common house-medicine, the above was the whole of the treatment adopted; that it was sufficient, is shewn by the fact that she quite recovered, and was in due time discharged.

A great number of Patients in the Asylum, whose appearance is, at the present, that which belongs to those who are well and properly fed, looked very differently on their admission. Their angular features, pale faces, and emaciated forms, are not only very much less apparent, but what is more, these have been in not a few cases exchanged for a physical appearance at once the very converse of this: and in every instance of the kind, the mental symptoms have kept pace with the improvement of the bodily health; and hence it is, in a great measure, that many of the Patients who are reported on the forms of admission, as “violent,” “dangerous,” &c., have become not only quiet and inoffensive, but some of them even are among our most useful and industrious inmates.

I feel confident, that in so far as *individual* causes of mental disorder are concerned, there is not *one* which exerts more prejudicial or serious effects than that comprised in unwholesome and insufficient food; this may be demonstrated in many ways, but it is sufficient for the present to observe, that in all those Asylums where the dietary is not liberal, there the recoveries are few, and the deaths many; and, on the other hand, in those Institutions where the dietary is ample, there the proportion of recoveries and of deaths is reversed. It cannot be too well known that on the adoption of a more liberal dietary at the Hanwell Asylum in 1840,

the recoveries were directly increased, and the deaths diminished : other instances may be mentioned.

The *Hygienic* management of the Insane is of the first importance. On the removal of a person in the lower walks of life from his or her home to the County Asylum, every object which strikes on the senses may be said to be remedial. The close and confined atmosphere which the Patient has so long respired is exchanged for the pure and exhilarating air of Heaven. The close and dirty apartment with its worn and tottering furniture, so long suggestive of the mental inquietude and restlessness which oppress him, are exchanged for a spacious, well-ventilated and clean dormitory. He is no longer ill fed or badly clothed—his ablutions, hitherto neglected or impracticable, are carefully attended to and encouraged ; the external senses of the *poor* Maniac, accustomed only to disagreeable or offensive stimuli, to sights and sounds sufficient almost in themselves to create disorder, if not absolute disease, in those whom a mere chance has placed in other circumstances more in accordance with the physical or organic laws, are, on his removal to the County Asylum, stimulated and refreshed by the green fields, the bright flowers, and the still brighter sky ; and what is more than all, by the kind voice of sympathy. His limbs which may have been strained and torn by cords, his body which may have been tied and bound by various mechanical appliances, his muscular system which may have been restrained and denied all motive power, are, on his admission to the County Asylum, each and all allowed their liberty of natural action. His limbs, his body, his muscular system, are again restored to their accustomed uses in the animal economy. Nor is the domestic order which characterizes a well-regulated Establishment, nor the punctuality, nor the various evidences of self-control and right direc-



tion to which he is introduced, without their remedial effects ; and this mere physical régime is oftentimes sufficient, in itself, to restore the healthy functions of the brain among the Insane Poor.

As regards the strictly *medical treatment* of Lunacy, I may here briefly remark that my first care is to put the secretions into good order ; for unless the digestive apparatus is rendered competent to the due discharge of its important functions, neither food nor medicine can prove of service. The frequency of stomach and billiary derangements among the Insane, either as a cause or a consequence of cerebral disorder, is well known ; aperients of a warm or cordial nature seem the best adapted to the object in view. Debility is a common attendant on the indications of disordered mind ; the majority of the Patients present signs more or less palpable of a deficient vital power, of a disproportion in the supply and expenditure of the vital principle ; the latter being in excess. Persons suffering from recent mania are observed to lose flesh, and if the symptoms of cerebral disease continue to advance, the body becomes gradually thinner, and in extreme cases presents an appearance of frightful emaciation : under such circumstances a tonic plan of treatment is evidently called for. A good, even a liberal, supply of meat, day by day, with porter or bitter ale, or even *wine*, I have always found the best tonics for insane persons, when given discriminately. Quinine is prescribed oftentimes with great advantage with the mineral acids ; steel medicines are of much value, particularly in females, among whom affections of the brain are commonly associated with signs of chlorosis, or an atonic condition of the uterus. Bleeding and other antiphlogistic means are now very rarely employed for the relief of disorders of the mind ; but a few medical men know

well that the irascibility of the maniac is for the most part an indication only of a loss of cerebral power; that the tonicity of the brain is gone, and the exhausted organism assumes therefore a condition of irritation,—excitement without power,—and hence the loquacity, agitation and restlessness of the insane generally; and hence also the success of a tonic plan of treatment. There are very many Patients now in the Asylum in whom the foregoing remarks are well and practically illustrated.

But the recognition of those general principles of pathology and therapeutics which guide the Physician or Surgeon in his management of all diseases, and of every kind of injury, must by no means be forgotten in the treatment of mental disorders; should these be neglected the medical man will *now* and *then* find reason to regret the consequences: thus in some instances it happens that insanity is the direct consequence of a sub-acute inflammation of the membranes of the brain—and when this is the case the only means to avert the threatened disorganization of the tissues involved is, by the employment of frequent local bleedings, the occasional exhibition of the compound jalap powder, and the internal use of calomel or blue pill with extract of henbane; the latter modifies the action of the mercurial on the intestinal canal, and allays the irritation of the cerebral fibres. Counter irritation must on no account be omitted. A recent case of this description is now under treatment in the Asylum. Sedatives are of much use to the Insane, and may be given with great benefit in many cases.

Inasmuch as *opium* has been held to be a specific for MELANCHOLIA, I may mention here it has been given a very fair trial in three recent cases of this disease, and M. A. K., one of the Patients alluded to, left the Asylum last week, per-

fectly restored ; in the remaining two cases the drug afforded only some *temporary* relief. The opium was given generally in doses of half a grain, three or four times a day, and in combination with the compound rhubarb-pill and blue-pill ; an occasional dose of aperient medicine was also directed to be taken. Further experience of opium in Melancholia may prove satisfactory.

Although the effects of the drug are perhaps rather temporary than otherwise, yet it is certain that even such effects often repeated, may beget a condition of things more or less permanent. It is very well known to Physiologists that any peculiar local action of a portion of the human organism having been once established, the same is very likely to recur, and that this probability is increased in proportion to the frequency and completeness with which such action is realized or brought into being ; and upon this principle it is I would advise the employment of OPIUM, in certain cases of mental disorder.

It cannot be too deeply impressed on the minds of all, that whatever the medical treatment may be, whatever drugs may be prescribed for the insane, neither one nor the other can be expected to prove a source of any permanent benefit, if they be not treated with a consistent and uniform kindness. Mental irritation must be soothed, and the sympathies awakened ; and the patients should be encouraged to anticipate the visits of the medical attendant, and those of all other officials, with pleasure and satisfaction ; and, as the mere expression of the feelings of the insane is not without its advantages, to a certain extent, not even should their false and capricious sentiments and desires be responded to, otherwise than in all gentleness and with great forbearance. Those only who are by nature kind and gentle in their speech



and deportment, can successfully restrain the passions and extravagance of the *maniac*, tranquillize the emotions of the despondent, or heighten the hope of the melancholic.

As many interesting cases of disordered mind are remediable only by strictly moral means to the exclusion of medicinal agents—the foregoing remarks may not be considered out of place; and as an instance of the above fact, I may here call your attention to the case of E. S., admitted in August. The general character and appearance of this young girl were those which belong to the congenital idiot; both mind and body seemed reduced to a state of vegetative existence—she gave not the slightest indication of thought, feeling, or desire; she never moved off the seat she occupied, nor did she alter the position in which she was at any time placed; the head was bent forward, the chin resting close to her sternum; and so constant was this position that I was at one time disposed to attribute it to some spinal affection—an ulceration anteriorly of the bodies of the upper dorsal spine and consequent approximation of those parts above and below the disease. This poor girl was moreover wholly indifferent to, and to all appearance unconscious of, the calls of nature: in a word, portrayed all the external indications of idiotism. Happening to learn some details of the history of E. S. from one of the attendants, we were encouraged to direct our attention more particularly to her case, which on enquiry turned out to be one of *dementia*, resulting not only from preceding active disorder, mania, but from a subsequent disuse of the cerebral faculties; and this it was which had allowed the brain to pass into a state of temporary inertness, or physical incapacity. Now there is a period in the management of injuries of every kind when a passive motion of the member affected is necessary to the re-establishment of its

proper motions or offices in the animal economy ; and which, if neglected by the Surgeon or the patient, the chances are he becomes a cripple, and so remains ; and similarly is it in the treatment of certain affections of the mind. On the cessation of maniacal symptoms the *brain* must not be allowed to become wholly inactive,—or, in other words, on the discontinuance of the *abuse* of the cerebral faculties, their *use* is not to be discouraged—quite the reverse.

The proper stimulation of the brain of E. S., through the medium of the external senses, was plainly the object to be kept in view ere her improvement or recovery could be expected. Her senses, her feelings and emotions, passions and propensities, were offered every proper kind and variety of stimulus ; the education of her physical nature was commenced anew ; both mind and body were taught to repeat their first lessons. Nor was this second course of infantile instruction lost on my patient—a slow yet perceptible advancement took place, one little improvement of mind or body was added to another, and each went on satisfactorily, until at length, not only did she become an active and useful helper in the Ward,—but what is more, she proved herself a very apt scholar. E. S. is now among the convalescent, with her mind and body alike restored to health, and even enjoyment.\*

The above is among the most interesting and encouraging cases it has been my lot ever to witness.

Appended to this Report is a *Table* (No. 8), which conveys at one view various essential particulars relative to the discharges which have taken place in the past year. In connection with *these* it should be stated that three Females were on admission in a state of *convalescence*, but I considered it prudent to detain them at the Asylum for a certain period,

\* This young person has been since discharged *cured*.



fearing the recurrence of disease. I may add, *two* young women were kept much longer than their mere mental health may have justified, in order that the *uterine functions* should be once again fairly established ere they commenced anew the uncertainties of life, which seemed to await them on their leaving the Asylum.

Here I may remark, perhaps, that the medical charge of nearly 800 Females presents such frequent illustrations of the mutual dependence and endless sympathies of the brain and uterus, that in the treatment of disorders of the former, those of the latter claim an almost equal attention; it is therefore necessary to have especial regard to the condition of the uterus if we would be secure in our diagnosis and prognosis of cerebral affections. Thus in the case of E. J., now under treatment, after many months of unceasing maniacal excitement, the uterine function suddenly reappeared. From this period she began to recover, and at the moment I write she (E. J.) is nearly well; her discharge may be ere long fairly anticipated.\*

The peculiar organic changes which attend both the first appearance of menstruation, and its cessation in women, prove not unfrequently the direct and immediate cause of mental disorder. There are two young girls now in the Asylum under treatment, in both of whom the brain and nervous system are out of order, plainly because nature has been up to the present time endeavouring in vain to establish the periodical discharge; and there is good reason to believe, that when the uterus shall have been encouraged to assume the offices to be expected of it in the animal economy, these young women alluded to will quickly recover their mental

\* Since the above was written, E. J. *has* perfectly recovered; and gone to her home.



health, and be allowed to return to the homes of their respective families. There are many more females, between the ages of forty and fifty, whose recoveries may be expected when the uterus shall have fairly resumed its original inaction and inutility—the characteristics of early life—and when also the brain shall have so lost a fertile source of irritation and disease.

It happens unfortunately that females of the poorer classes are much too unmindful of their health at the critical periods of life, and pay too little attention to the means whereby the uterus may be assisted in its efforts to preserve its due influence in the human economy. It is from this neglect in a very great measure, that insanity so frequently occurs among them; and that the number of Female Patients now in the Asylum exceeds that of the Males in the proportion almost of *seven to four*.

In the Table of the *deaths* which have occurred among the Female Patients, (*see Table No. 9*), will be found many important facts, useful alike to the Psychologist and Statist, and to this therefore I would beg to call your attention.

The deduction of those *discharged* and dead (including *one* removed by authority) from the number admitted, gives a total now remaining in the Asylum of 619. Thus:—

|                        |       |       |
|------------------------|-------|-------|
| Total Number . . . . . | 669   |       |
| Discharged . . . . .   | 26    |       |
| Removed . . . . .      | 1     |       |
| Died . . . . .         | 23    |       |
|                        | <hr/> | <hr/> |
|                        | 50    | 50    |
|                        |       | <hr/> |
| Remaining . . . . .    | 619   | <hr/> |

Several of those included among the deceased were admitted in an apparently dying state, and hence the present rate of mortality; but it may be safely predicted, that the experience of another year will be of a more satisfactory character. Some of those however so admitted "in an apparently dying state," are happily not included in the obituary. Thus in the case of E. S., admitted in September, and presenting the appearance of one reduced to the last extremity by neglect and starvation, emaciated, motionless, and void of speech; it was not until after five or six days of close and unremitting attention,—during which she was sustained by wine, broth, arrow-root, and the like, and tended with all that care and watchfulness required by the newly-born infant,—that we ventured to hope that her threatened dissolution might be postponed. The speech became restored, and ~~she~~ *she* ~~was~~ thereby enabled to call into exercise the dormant mental faculties, oppressed, or rather depressed, for the want of their natural stimuli. She continued to progress most satisfactorily. It is sufficient to add that E. S. is now convalescent; a letter from her to a relative or friend has, within these few days, passed through my hands, which bears the stamp of not only sanity, but of acute moral perception; she will most likely be discharged after a few weeks.

The experience of the first half year of Colney Hatch Asylum, proves what that of every similar Institution must do, viz., that for the successful treatment of the insane, the first and principal object to be kept in view must be the *use* and not the *abuse* of the powers, both of mind and body: that whilst the former is trained to a judicious manifestation of its several faculties, the latter must on no account be either overtaxed with labour, nor left without its due exercise.

To the establishment of Schools and Workshops, as afford-

ing the direct means whence the mind and body of the Lunatic may be alike exercised and strengthened, and the indications of disorder and incompetency either ameliorated or altogether removed, must we look as among the most useful auxiliaries to the Physician engaged in the treatment of mental disorders. But whilst the instruction and employment of the insane receive a full share of attention, their *amusement* must on no account be overlooked, or it will be impossible to reach the deeper recesses of thought, feeling and emotion, by means of which not only may disease be averted but health restored.

It is well known that no persons more than the Insane appreciate whatever little indulgences may be allowed them, or exhibit a more lively gratification in the social meetings which take place among them ; and inasmuch as these develop by their very nature the more kindly feelings of which we are susceptible, and add strength to our better impulses, the same must afford the most effectual check to whatever is disorderly, extravagant, and dangerous among the Insane.

To conclude,—the practical recognition of an active benevolence must be recognized as the mainspring of whatever is done or said in an establishment set apart for the Insane, —all under its roof must be animated by a oneness of purpose, —the well-being of its inmates. All precept, all example must be pure and disinterested, if it be hoped to do common justice to the Patients ; and inasmuch as these (too worthy objects of a deep commiseration) are more immediately under the care of their *Attendants*, how important is it that they (instruments either for good or for evil) should be not only selected with care and discrimination, but, what is more, be encouraged, kindly though perseveringly, to the exercise of those virtues, and that good judgment, which it is the object



of all treatment to realize, even in the disordered mind of the poor Lunatic,—knowing that to govern by constraint and fear is but to engender deceit and imposition.

I have the honor to be,

Gentlemen,

Your most obedient Servant,

J. G. DAVEY, M.D.

TABLE No. 1.

## FORM OF DISORDER IN PATIENTS ADMITTED.

|                               |            |
|-------------------------------|------------|
| Cases of Mania .....          | 287        |
| — Ditto, Recurrent .....      | 9          |
| — Melancholia .....           | 40         |
| — Dementia .....              | 304        |
| — Imbecility and Idiocy ..... | 29         |
| Total .....                   | <u>669</u> |

TABLE No. 2.

## COMPLICATIONS OF DISORDERS.

*(Occurring in 150 cases.)*

## MANIA.

|                      |    |
|----------------------|----|
| Destructive .....    | 12 |
| With Delusions ..... | 25 |
| — Epilepsy .....     | 18 |
| — G. Paralysis ..... | 7  |
| — Hysteria .....     | 1  |
| Suicidal .....       | 6  |

## MELANCHOLIA.

|                               |   |
|-------------------------------|---|
| With Delusions .....          | 3 |
| — Paroxysms of Violence ..... | 3 |
| Suicidal .....                | 3 |

## DEMENTIA.

|                      |    |
|----------------------|----|
| With Epilepsy .....  | 38 |
| — G. Paralysis ..... | 7  |
| Senile .....         | 12 |

## IMBECILITY AND IDIOCY.

|                     |            |
|---------------------|------------|
| With Epilepsy ..... | 6          |
| Congenital .....    | 10         |
| Total .....         | <u>150</u> |

## COMBINATION OF DISEASES IN 62 EPILEPTIC CASES.

|                             |           |
|-----------------------------|-----------|
| With occasional Mania ...   | 18        |
| With Dementia .....         | 38        |
| Imbecility and Idiocy ..... | 6         |
| Total .....                 | <u>62</u> |

## TABLE No. 3.

## CAUSES.

*(Assigned or ascertained in 212 Cases.)*

## MORAL.

|                                                             |    |
|-------------------------------------------------------------|----|
| Domestic Misery from desertion or ill usage of Husband..... | 13 |
| Loss of Husband, Children, Parents, &c. ....                | 14 |
| Domestic Grief, Poverty, and Distress .....                 | 10 |
| Shock on information of Sudden Death of Relative.....       | 6  |
| Disappointed Affection .....                                | 15 |
| Seduction and neglect .....                                 | 6  |
| Reading Trial of Manning :.....                             | 1  |
| Beguilement by Advertisement into a Brothel .....           | 1  |
| Father's Profligacy .....                                   | 1  |
| Erroneous views of Religion .....                           | 1  |
| Despondency on quitting Service of long duration.....       | 2  |
| Accidental Poisoning of Daughter.....                       | 1  |
| Omission in a Bill .....                                    | 1  |
| Fright .....                                                | 14 |
| Loss of Property ..                                         | 3  |
| Over indulgence of Parents .....                            | 1  |

## PHYSICAL.

|                                               |    |
|-----------------------------------------------|----|
| Over Study .....                              | 2  |
| Over Work .....                               | 2  |
| Sedentary habits .....                        | 1  |
| Intemperance.....                             | 8  |
| General ill Health, large Family .....        | 2  |
| After Fever, Smallpox, &c. ....               | 5  |
| Amenorrhœa and Uterine derangements .....     | 7  |
| Change of Life .....                          | 10 |
| Puerperal.....                                | 20 |
| Falls and Injuries to Head, Brain Fever ..... | 8  |
| Convulsions from Infancy .....                | 6  |
| Imbecility from Infancy.....                  | 7  |
| Epilepsy.....                                 | 6  |
| Congenital Deficiency .....                   | 10 |
| Shame—Widow enceinte .....                    | 1  |
| Mother Frightened while Pregnant .....        | 4  |
| Hereditary .....                              | 35 |
| Bite of a Dog.....                            | 1  |



**TABLE No. 4.**  
**TIME INSANE.**

|                              |     |
|------------------------------|-----|
| 6 Months and under .....     | 83  |
| Between 6 and 12 months .... | 45  |
| —— 1 and 2 years .....       | 45  |
| —— 2 and 3 —— .....          | 50  |
| —— 3 and 4 —— .....          | 44  |
| —— 4 and 5 —— .....          | 38  |
| —— 5 and 6 —— .....          | 49  |
| —— 6 and 7 —— .....          | 39  |
| —— 7 and 8 —— .....          | 28  |
| —— 8 and 9 —— .....          | 10  |
| —— 9 and 10 —— .....         | 10  |
|                              | 461 |
| —— - 10 and 11 —— .....      | 8   |
| —— 11 and 12 —— .....        | 15  |
| —— 12 and 13 —— .....        | 6   |
| Upwards of 13 —— .....       | 30  |
| From Birth or Infancy ....   | 19  |
| Unknown .....                | 130 |
|                              | 669 |

**TABLE No. 5.**  
**CIVIL STATE.**

|               |     |
|---------------|-----|
| Single .....  | 356 |
| Married ..... | 180 |
| Widowed ..... | 109 |
| Unknown ..... | 24  |
|               | 669 |

**TABLE No. 6.**  
**EDUCATION.**

|                      |     |
|----------------------|-----|
| Doubtful .....       | 79  |
| None .....           | 183 |
| Read .....           | 135 |
| Read and Write ..... | 275 |
|                      | 669 |

**RELIGION.**

|                      |     |
|----------------------|-----|
| Church .....         | 414 |
| Dissent .....        | 102 |
| Roman Catholic ..... | 74  |
| Unknown .....        | 79  |
|                      | 669 |

**AGE.**

|                      |       |     |
|----------------------|-------|-----|
| Under 15 .....       | years | 8   |
| Between 16 and 20 —— | 18—   | 26  |
| —— 21 and 25 ——      | 49    |     |
| —— 26 and 30 ——      | 83—   | 132 |
| —— 31 and 35 ——      | 98    |     |
| —— 36 and 40 ——      | 110—  | 208 |
| —— 41 and 45 ——      | 64    |     |
| —— 46 and 50 ——      | 64—   | 128 |
| —— 51 and 55 ——      | 31    |     |
| —— 56 and 60 ——      | 49—   | 80  |
| —— 61 and 70 ——      | 47—   | 47  |
| —— 71 and 80 ——      | 17—   | 17  |
| Above 80 ——          | ....  | 3   |
|                      |       | 641 |
| Unknown .....        |       | 28  |
|                      |       | 669 |

TABLE No. 7.

## OCCUPATION.

*(Ascertained in 318 Cases.)*

|                               |     |                               |    |
|-------------------------------|-----|-------------------------------|----|
| Independent . . . . .         | 1   | Carpenter's Wife . . . . .    | 2  |
| Respectable . . . . .         | 1   | Butcher's do. . . . .         | 1  |
| Surgeon's Wife . . . . .      | 1   | Whipmaker's do. . . . .       | 1  |
| Governess . . . . .           | 5   | Gardener's do. . . . .        | 1  |
| School-mistress . . . . .     | 3   | Gin Sweetener's do. . . . .   | 1  |
| Hosier's Wife . . . . .       | 1   | Well Sinker's do. . . . .     | 1  |
| Draper's do. . . . .          | 1   | Weaver's do. . . . .          | 1  |
| Licensed Victualler . . . . . | 1   | Seaman's do. . . . .          | 1  |
| Dress Maker and Milliner .    | 8   | Railway Porter's do. . . . .  | 1  |
| Stay Maker . . . . .          | 2   | Labourer's do. . . . .        | 12 |
| Tambour Worker . . . . .      | 1   | Tradesman's Daughter . . .    | 1  |
| Artificial Flower Maker. . .  | 2   | Silk Weaver . . . . .         | 4  |
| Glove Maker . . . . .         | 1   | Factory Work . . . . .        | 1  |
| Cloth Cap Worker . . . . .    | 2   | Charwoman . . . . .           | 11 |
| Toy Painter . . . . .         | 1   | Shoebinder . . . . .          | 3  |
| Needle-women . . . . .        | 32  | Hawker . . . . .              | 4  |
| Tailoress . . . . .           | 1   | Fruitseller . . . . .         | 2  |
| Servants . . . . .            | 128 | Water Cress Vendor . . . . .  | 2  |
| Housekeeper . . . . .         | 3   | Dealer in Old Clothes . . . . | 1  |
| Nurse . . . . .               | 3   | Costermonger . . . . .        | 1  |
| Cook . . . . .                | 2   | Coke Dealer . . . . .         | 1  |
| Domestic Work . . . . .       | 3   | No occupation . . . . .       | 20 |
| Laundry Work . . . . .        | 10  | Paupers . . . . .             | 30 |
| Tradesman's Wife . . . . .    | 2   |                               |    |

TABLE No. 8.

*Account of the 26 Female Patients discharged in 1851.*

| No. | Age. | Duration of Disease. |                          | Form of Insanity. |
|-----|------|----------------------|--------------------------|-------------------|
|     |      | Prior to Admission.  | Subsequent to Admission. |                   |
| 34  | 24   | 10 Months ...        | 8 Weeks . . .            | Melancholia.      |
| 64  | 27   | 1 Month ...          | 10 Weeks . . .           | Ditto.            |
| 66  | 40   | 2 Months ...         | Ditto . . . . .          | Ditto.            |
| 346 | 29   | 5 Days . . . . .     | 5 Weeks . . .            | Ditto.            |
| 172 | 40   | Unknown . . .        | 3 Months ...             | Dementia.         |
| 213 | 46   | 10 Days . . . . .    | 10 Weeks . . .           | Mania (Suicidal). |
| 54  | 57   | 6 Months ...         | 4 Months ...             | Dementia.         |
| 376 | 45   | Unknown . . .        | 11 Weeks . . .           | Ditto.            |
| 403 | 52   | 7 Years . . . . .    | 10 Weeks . . .           | Ditto.            |
| 487 | 45   | 2 Years . . . . .    | 7 Weeks . . .            | Melancholia.      |
| 365 | 41   | Unknown . . .        | 12 Weeks . . .           | Mania.            |
| 317 | 28   | 1 Week . . . . .     | 14 Weeks . . .           | Melancholia.      |
| 525 | 28   | 6 Years . . . . .    | 7 Weeks . . .            | Recurrent Mania.  |
| 416 | 34   | 1 Year . . . . .     | 10 Weeks . . .           | Mania.            |
| 445 | 42   | 4 Years . . . . .    | 2 Months ...             | Ditto.            |
| 405 | 21   | 3 Weeks . . .        | 8 Weeks . . .            | Ditto.            |
| 563 | 40   | 3 Years . . . . .    | Ditto . . . . .          | Melancholia.      |
| 458 | 62   | Ditto . . . . .      | Ditto . . . . .          | Mania.            |
| 483 | 35   | Ditto . . . . .      | 10 Weeks . . .           | Dementia.         |
| 432 | 30   | Ditto . . . . .      | 11 Weeks . . .           | Mania.            |
| 355 | 38   | Ditto . . . . .      | 15 Weeks . . .           | Ditto.            |
| 407 | 30   | 3 Weeks . . .        | 12 Weeks . . .           | Ditto.            |
| 394 | 72   | 1 Month ...          | 14 Weeks . . .           | Ditto.            |
| 27  | 49   | Ditto . . . . .      | 5 Months ...             | Ditto.            |
| 254 | 26   | Unknown . . .        | 4 Months ...             | Ditto.            |
| 392 | 37   | 14 Days . . . . .    | 3½ Months ...            | Ditto.            |



TABLE No. 9.

The following TABULAR FORM will convey at one view all the necessary information of the Obituary of 1851, *i. e.*, in so far as the FEMALE PATIENTS are concerned.

| No. | Age.     | Form of<br>Mental Disorder. | DURATION OF DISEASE.   |                             | Apparent Cause of Death. | Chief Morbid Appearances.                                                                                                                                |
|-----|----------|-----------------------------|------------------------|-----------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |          |                             | Prior to<br>Admission. | Subsequent to<br>Admission. |                          |                                                                                                                                                          |
| 7   | 35       | Epilepsy and De-<br>mentia. | Many years.....        | Six days .....              | Epilepsy .....           | Much Cerebral Congestion—Lungs Congested and Pleural surfaces much adherent—small Polypus of Uterus.                                                     |
| 224 | 49       | Dementia.....               | One year .....         | One Month .....             | General Debility .....   | Opacity of Arachnoid Membrane—old Apoplectic cyst in right hemisphere—Ovaries somewhat enlarged.                                                         |
| 411 | 80       | Mania .....                 | Unknown.....           | Seven days .....            | Ditto.....               | Opacity of Arachnoid Membrane, and effusion beneath it.                                                                                                  |
| 133 | Unknown. | Dementia.....               | Unknown.....           | Ten weeks .....             | Ditto.....               | Opacity of Arachnoid Membrane, and Gelatinous effusion—Pleural surfaces adherent on left side.                                                           |
| 471 | 21       | Dementia.....               | Four months ...        | Four days .....             | Epilepsy (Typhus) .....  | Congestion of the Brain—Sanguineous effusion into the Ventricles—Pericardium distended with fluid.                                                       |
| 264 | Unknown. | Dementia.....               | Unknown.....           | Two months ...              | General Debility .....   | Great Opacity and thickening of the Arachnoid Membrane—extensive adhesion of Pleure on either side of the Chest.                                         |
| 448 | 40       | Mania .....                 | Unknown.....           | Seventeen days              | Ditto .....              | Cerebral substance unusually firm; the Arachnoid spotted with Opacity—pia mater everywhere adherent to surface of the convolutions of either hemisphere. |
| 415 | 62       | Mania .....                 | Six months.....        | Thirty-one days             | Ditto .....              | Slight spots of Opacity of the Arachnoid Membrane and old adhesions of Pleural surfaces.                                                                 |

| No. | Age.     | Form of<br>Mental Disorder. | DURATION OF DISEASE.   |                                | Apparent Cause of Death.                                                | Chief Morbid Appearances.                                                                                                                                                                        |
|-----|----------|-----------------------------|------------------------|--------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |          |                             | Prior to<br>Admission. | Subsequent to<br>Admission.    |                                                                         |                                                                                                                                                                                                  |
| 151 | 26       | Dementia.....               | Six months.....        | Three Months<br>and two weeks  | Epilepsy .....                                                          | Slight Opacity of Arachnoid Membrane and effusion beneath it.                                                                                                                                    |
| 83  | Unknown. | Dementia.....               | Unknown.....           | Three Months<br>and two weeks. | General Debility .....                                                  | Opacity of Arachnoid Membrane and effusion beneath it—Dilatation of left Ventricle—the Mitral Valve studded with minute deposits of cretaceous matter.                                           |
| 406 | 76       | Mania .....                 | Six weeks .....        | Seven weeks ...                | Ditto .....                                                             | Opacity of Arachnoid Membrane and effusion beneath it—a small cyst attached to the left (uterine) ligament.                                                                                      |
| 359 | 22       | General Paralysis...        | One year .....         | Five months ...                | General Paralysis.....                                                  | Opacity of Arachnoid Membrane and effusion beneath it—Tubercular deposits in Apex of left Lung—Abscess in substance of right Kidney.                                                             |
| 529 | Unknown. | Mania .....                 | Unknown.....           | Two weeks .....                | Hæmorrhage from mucous<br>surfaces of bronchiæ and<br>alimentary canal. | The whole Organism bloodless—Cerebellum small,<br>and of great and remarkable firmness—Liver<br>much Hypert.                                                                                     |
| 597 | 54       | Dementia.....               | Eighteen years.        | Eleven days ...                | Slight gastric disturbance,<br>supervening on General<br>Debility.      | Old stricture of upper part of the Rectum—enormous distension of the Intestinal Tube—above the seat of disease.                                                                                  |
| 166 | 32       | Imbecility .....            | Seven months...        | Four Months ...                | General Debility .....                                                  | Sero-purulent effusion beneath the Dura mater on both hemispheres—Arachnoid thickened and opaque—a layer of thick pus in contact with internal parietes of longitudinal sinus.                   |
| 14  | 41       | Mania .....                 | Three months...        | Three months...                | General Paralysis.....                                                  | Opacity of Arachnoid Membrane and effusion beneath it—Apex of right Lung contained small masses of cretaceous matter. Conversion of left Ovary into a cyst, containing a soft pultaceous matter. |

*fracture*

| No. | Age. | Form of Mental Disorder. | DURATION OF DISEASE. |                          | Apparent Cause of Death.                          | Chief Morbid Appearances.                                                                                                                                                                                                                                                                                                   |
|-----|------|--------------------------|----------------------|--------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |      |                          | Prior to Admission.  | Subsequent to Admission. |                                                   |                                                                                                                                                                                                                                                                                                                             |
| 518 | 60   | Epilepsy and Dementia.   | Not known .....      | One Month .....          | Gangrene of lower extremities.                    | Opacity of Arachnoid Membrane and effusion beneath it—the internal surfaces of both the aorta and pulmonary artery covered more or less by a cretaceous deposit.                                                                                                                                                            |
| 59  | 57   | Mania .....              | Unknown.....         | Four months ...          | Anasarca.....                                     | Disease of the Mitral <del>Valve</del> and partial closure of aortic opening.                                                                                                                                                                                                                                               |
| 282 | 47   | Dementia.....            | Ditto.....           | Three months...          | General Debility .....                            | Opacity of Arachnoid Membrane and effusion beneath it—Effusion into both sides of the Chest with signs of recent Capillary injection of the left pleura superiorly.                                                                                                                                                         |
| 553 | 60   | Dementia.....            | Ten years .....      | Six weeks .....          | Diarrhoea, supervening on General Debility.       | Effusion of a thin layer of blood on left hemisphere. Mitral valves thickened, and studded with vegetations.                                                                                                                                                                                                                |
| 401 | 84   | Mania (Senile) .....     | One Month .....      | Three months...          | General Debility .....                            | Congestion of the Brain, with Opacity of Arachnoid Membrane and effusion beneath it—(Mem.: some five weeks before the decease of this patient she fell and sustained a fracture of the neck of the thigh bone, and as may have been expected, no attempts at a reparation of the injury were to be perceived.)              |
| 232 | 20   | Dementia.....            | Unknown .....        | Four months ...          | General Debility, (Sloughing sores of the nates.) | Congestion of the Brain with Opacity of the Arachnoid, and considerable effusion beneath it—Venotricles of the Brain much distended with fluid—Lungs contained Tubercles in various stages of disease, <i>i.e.</i> , more or less softened.                                                                                 |
| 279 | 45   | Dementia.....            | Four years .....     | Four months ...          | Cancer of the Mammary Gland.                      | Schirrus depositions in the Brain, Heart, Lungs, Abdominal and Pelvic viscera, and in the Ovaries. (N.B. In its early stage a tumor was removed from the breast, but it was succeeded by a second, which speedily involved the whole substance of the Gland; and this the Schirrus diathesis of the patient fully explains. |



# CASES

## ILLUSTRATIVE OF THE GENERAL TREATMENT OF INSANITY.

---

H. D., æt. 24. Insane ten months. The mental indisposition of this young woman was associated in some manner with an attachment she had formed. Her emotional feelings would seem to have sustained some severe shock, and acute “melancholia” was the consequence. The persistence of the disease of the brain led to much derangement of the general health, and this aggravated not a little the original malady. Her removal from home, and her introduction to new scenes and novel associations, were attended with the best effects; to an appropriate and discriminating moral régime, was added the necessary *medical treatment*,—adopted with the view of restoring the deranged condition of the digestive organs, as well as that of the uterine system. The means employed were eminently successful, and after eight weeks she left the Asylum quite cured.

M. B., æt. 27. Insane one month. The cause of this young woman’s illness was the shock to her nervous system

consequent on the sudden death of a brother. The mental disease was indicated by great irritability and violence of conduct, and by rapid incoherence of speech. Like most cases of acute mania, this one was attended by a rapid emaciation of the body, and great prostration. She had not been long in the Asylum, before very manifest signs of improvement were observed. Under the influence of a generous diet, daily exercise in the open air, frequent warm baths, and kind management,—added to the requisite attention to the *prima-via*, the internal use of tonics, (as quinine with the mineral acids, &c.,) and the occasional administration of *morphia* to ensure sleep; she was perfectly restored after ten weeks, and left the Asylum.

M. W., æt. 40. Insane two months. The direct or immediate cause of this person's indisposition was not well ascertained; it was, however, greatly dependent on uterine irregularity, but on this being removed by an appropriate medical treatment, she quickly recovered her usual health, both of *mind* and *body*; and returned home.

M. A. L., æt. 29. Insane five days only. On admission she presented the ordinary symptoms of acute mania; such as great excitability, and restlessness of demeanour, with rapid incoherence of speech. The face was flushed, and the cutaneous surface everywhere much increased in temperature; the tongue was loaded with a thick and dry mucus; the abdomen was hard and seemed painful on pressure; and all the secretions of the body were greatly suspended. The pulse was quick and full, but easily *compressible*; a criterion of nervous rather than of vascular excitement. The indications of treatment were:—

1st. To diminish excessive action, both of the *brain* and *heart*.

2nd. To restore the cutaneous and alvine secretions.

3rd. To support the powers of life.

The *first* named was accomplished by the application of leeches to the head, hot baths, and, in due time, by sedatives, as morphia and henbane ; the *second*, by the administration of aperient medicines, with or without aut. tart., potass. nit., &c., according to circumstances ; and the *third* indication of treatment was accomplished, at the onset, by the use of a moderately nutritious and unstimulating diet, as broth, gruel, light puddings, &c. Under the above treatment, all the symptoms of mental disorder gradually abated ; she became quiet and composed in her manner, and *coherent* in her speech ; the natural hue and temperature of the face and skin were restored ; the tongue became clean and moist ; and the excretions of a healthy character. On the approach of convalescence, she was recommended some gentle and agreeable employment ; and after five weeks, M. A. L. left the Asylum quite recovered.

M. B., æt. 40. This person would appear to have inherited some slight congenital deficiency of mental power, which, *under some circumstances*, would render her a fit subject for an asylum ; but generally speaking, would not interfere, very materially, with her prospects in life. All such patients may do very well at home, if only looked after, and assisted through the daily concerns of life.

B. C., æt. 46. Insane ten days. Was admitted in a wretchedly feeble and emaciated state, suffering from *suicidal mania*. There was manifested a great disposition to violence from time to time ; but more generally, she was quiet and *apparently* composed, because absorbed in her delusive grief and apprehension ; realizing in *this respect* the condition of one suffering from "*melancholia*." In addition to the above




symptoms, the bodily health was much out of order, and the secretions, generally, were in a very depraved state. Warm baths, gentle aperients, and occasional sedatives—as Dover's powder, tinct. hyosciami, &c., very quickly relieved the most urgent features of this case; and afterwards, the quinine in mist. camph. with acid., to which tinct. hyosciami was added to quiet the nervous excitability, was prescribed with great benefit. Great attention was paid to the diet throughout; and this was varied, from time to time, as the progress of the cure seemed to require. On the subsidence of all acute symptoms, she was encouraged to give her assistance in the domestic duties of the ward; and from this time her recovery proceeded in the most satisfactory manner, and without one untoward symptom. After ten weeks she was discharged *cured*.

M. M. and C. H., were cases of temporary mental disorder, a consequence of the change of life, common to females. They both recovered their health on the subsidence of that uterine irritation and irregularity, which not unfrequently attends on the period specified; and this was materially promoted by the use of those means, both medical and otherwise, calculated to improve the general health, *i. e.*, preserve the normal action of the several organic functions, and so to give tone and elasticity to the whole nervous organism, without which, *health* can in no wise be achieved.

E. J., æt. 52. Insane seven years. The mental disorder of this person commenced on the cessation of the catamenia. At this time, a temporary removal from her home, and from all her old associations, unfavourable as these unhappily were, either to the promotion or preservation of her mental health, would in all probability have sufficed for her complete restoration ~~to health~~; but not only was this important step not

taken at this early stage of the disorder, but, *as it would appear*, she continued for a long time exposed to all the disadvantages of her poor station in life, with the mind and body alike deprived of the necessary remedial means; and thus was it, the disease persisting, she was, after this serious delay, taken to a public Asylum; whereat however she was put on so low a diet, that the brain was rendered incompetent to resume its original power. It was, plainly, insufficient for her restoration to health, to allay only the indications of active disorder—this, her removal from home, and an introduction to new scenes, to strange faces, and to altered circumstances, speedily accomplished; but, much more was required to restore the healthy functions of the organ affected—to give back the force and energy the brain had lost. On her admission into the Colney Hatch Asylum, her appearance was that which belongs to one but half fed; she painfully yet practically illustrated the effects of “*a small cause in long continued operation.*” E. J., was put on a liberal diet; meat and wine were allowed daily. The sulphates of quinine and iron were directed to be taken, in liberal doses; and an occasional laxative was prescribed, &c. The brain so long accustomed to the exhausting effects of a fluid traversing its substance, without either *fibrine* or *iron* in its composition,—of a fluid without either substance or warmth, soon became aware, so to speak, of the heart’s genial aid and co-operation; and not the less quickly responded to the better quality of the blood, which found its way through its wondrous organism. Sleep, which until now, seemed almost to have forsaken her, returned with its benign and healing influences. Other symptoms of improvement soon shewed themselves, and these continuing uninterruptedly, she was



discharged cured, after a residence in the Asylum of ten weeks only.

H. M., æt. 45. Insane two years. Was the subject of *melancholia*, caused by the sudden death of her husband, under peculiar and distressing circumstances. Her removal from home, and, in addition, the due occupation of both mind and body, and a proper attention to those means, general and medical, calculated both to improve and preserve the general health, enabled us to discharge her cured in seven weeks from her admission into the Asylum. She is now engaged as a servant on the establishment.

H. D., æt. 41. Insane some years. This person was one of a large number in every public asylum, on whom the miseries of poverty pressed so heavily as to wholly unbalance her mental powers. Her introduction to new and altered circumstances was attended with the best results. After three months, she was discharged quite well.

A. K., æt. 28. Insane one week, (*melancholia*.) On admission, the mental feelings of this young woman were so deeply absorbed in the delusive grief which preyed on her existence, that it was with the utmost difficulty either her *attention* or her *confidence* could be obtained. Such cases are treated only with great difficulty: much perseverance and good management are necessary to meet the obstinate pertinacity with which the melancholic both refuse and resist whatever may be directed for their amelioration or cure.\* A. K., would sit, if allowed, almost in one position, and in one

\* The application of the acet. canth. between the shoulders, and the employment of the shower bath, sometimes do great good; and seem quite to set up a new and remedial action of the mind (brain), by which the morbid associations  
~~are~~ broken.



place through the whole day ; and what is more, would, had it not been forbidden, have kept to her bed unceasingly. After some time, and as the result only of constant and unremitting watchfulness, and kind encouragement, she was got to walk out in the garden or airing court, and eventually to amuse herself by fancy needlework ; in which she, at length, took much interest. In disorders of this kind, involving as they do an almost total inaction of the muscular system, the functions of organic life become seriously affected. The stomach loathes all food, and the abdominal functions generally are greatly impaired ; the excretions present all the characters which belong to a depraved digestive process, and the bowels are much constipated. The mind (brain) itself, losing thus the stimulus of good and wholesome blood, takes on an irritability of action, which renders *sleep* a matter almost of impossibility. A progressive and increasing *debility* of the whole organism aggravates not a little the original disorder, and death is *then* not unlikely to close this eventful scene of suffering and decay.

The functions of organic life in the person of A. K., were precisely in the state above described. She suffered from horrible dyspepsia, &c., sleeplessness, and debility. The relief or removal of the first, by proper purgation and alteratives, &c., not forgetting the use of the WARM BATH, soon rendered the use of *sedatives* unnecessary. The brain instinctively rested itself, when duly stimulated by, not only better blood, but by some kind of occupation ; the “ better blood,” I need not add, was the product of the returning appetite, which *demand*ed good and sufficient food. The *debility*, under the circumstances above cited, necessarily remedied itself. However, this symptom is well met *in due season*, by the internal administration of *quinine* held in solution by

camphor mixture, to which the dilute sulphuric acid is added ; and, in cases wherein a certain restlessness of mind, or irritability of feeling remain after the more urgent symptoms have subsided, the tinc. hyosciami, or liq. op. sediti, may be given with this formula. Exercise in the open air is of the first importance in cases of "*melancholia*;" and ~~of~~ a proper persistence in this, the case in question derived a large amount of relief. After seven weeks, she appeared quite well ; but, about this time, she suffered a relapse, which confined her at the Asylum some two months more. On this occasion, leeches were applied to the head *to relieve pain*, &c., and with much benefit. Occasional doses of p. jal. co. were given, and pills were directed to be taken through the day, composed of pil. hydr., pil. rh. co. and p. op., the last in doses of half a grain.\* Under this treatment she quite recovered ; and continuing well, was discharged.

E. H., æt. 28. Insane six years. This person was the subject of "recurrent mania." After remaining in the Asylum seven weeks, I was induced, at the earnest solicitation of herself and family, to allow of her discharge. All those so afflicted, can scarcely be considered *SAFE* without the precincts of an Asylum ; where *alone* they can be properly cared for and protected from the ever-recurring, though it may be trivial, anxieties and irritations of life. The brain is in no condition to resist other than the more ordinary sources of feeling or of emotion common to our kind ; and hence their great liability to relapses.

M. W., æt. 34. Insane one year. This was a case of puerperal mania, the predominant feature of which was a marked lowness of spirits with some disposition to suicide ;

\* Opium has been and is much extolled by some writers, as a specific in *Hypochondriasis* and *Melancholia*.

and constituting thereby an exception to a general rule,—inasmuch as puerperal (mental) disorder is commonly associated with a certain “*abandonment*” of speech and conduct the very converse of every thing like *hypochondriasis*. On admission this patient presented certain signs of a phlogistic (sthenic) diathesis; the head felt somewhat hot, and the countenance was more or less flushed, and the capillary surface every where looked injected. The functions of assimilation were much out of order, and what was a very material point, the catamenia had not made their appearance since her last confinement. Leeches were applied, from time to time, to the inguinal regions and behind the ears, and free purgation was prescribed with much benefit. Cold applications were used to the head, whilst the aid of the hip bath, &c., was sought to still further divert the force and frequency of the circulatory system. Occupation of mind and employment of body completed the cure. The symptoms of mental disorder slowly passed away, and all the indications of feminine health were, after a time, established. M. W. left the Asylum, perfectly well, after a residence of ten weeks.

A. K., æt. 42. Insane some time. The mental disorder of this person seemed the effect of *poverty*, *i. e.*, insufficient food, and physical discomfort of various kinds,—added to the persistence of those old and depressing associations, which if they did not absolutely beget her derangement, very certainly aggravated it, and that not a little. Her admission into the Asylum was the prelude to a good and wholesome dietary, to sufficient clothing, and to comfortable shelter; to cleanliness, order, and plenty; and what is a very material point, to a new and altered existence: and the result of all these was her speedy restoration to health. After two months she was discharged, *cured*.



A. P., æt. 17. (?) Insane three weeks. The health of this young woman had been long in a doubtful state, the uterine function being never duly performed. She experienced some sudden and abrupt emotion, and that of a very painful nature; and from this period her mind gave way. On admission, she was suffering from *mania* (sthenic), and this was, of course, much and seriously aggravated by the suspension of the periodical visitation. Under the use of the warm bath, emenagogue cathartics, and local depletion, by leeches applied both behind the ears and to the inguinal regions—added to a proper employment of the mind, and a due exercise of the body, she quite recovered: and was discharged cured in less than two months.

The four following cases to the above, specified in the “*account of the twenty-six female patients discharged in 1851*,” present together a practical demonstration of the importance of a removal from home of all those suffering from mental derangement. After a residence in the Asylum of from eight to eleven weeks, and without any particular medical treatment, else than what was considered necessary to the mere regulation of the general health, they severally recovered, and returned to their relatives and homes; although it is reported that the indisposition of neither one had existed for a shorter period than three years.

E. T., æt. 38. Insane three years (moral insanity). The history of this young woman assigns *three years* as the duration of mental disorder; however, on enquiry one is induced to suppose that her whole life has been one of extreme irregularity and uninterrupted profligacy of demeanour. The case itself affords a good example of what has been denominated by the late Dr. Pritchard, “moral insanity,” the “*madness without delirium*” of Pinel; a form of disease indicated

by a manifest preponderance of the lower or animal desires of our nature, uncontrolled either by the reason or the moral feelings and affections: in fact, these latter are so palpably deranged, that, the patient if left to himself or herself, would be found more or less *constantly* pursuing one mean, and sordid, and mischievous course of life; not only without any apparent motive or design, but with no other object than that of a mere sensuous gratification of the animal instincts or propensities. There are of course many varieties of this mental disorder, and some mild cases of it are attempted to be managed at home; but the consequences of such an imperfect and vacillating control and surveillance as that found, under all ordinary circumstances, are not only not infrequently fatal, more or less, to all domestic comfort and peace; but what is more, they involve too surely such an amount of exposure and publicity, that the friends of patients so afflicted, would do well to rid themselves of as much responsibility in the matter as they may. The general integrity of the intellectual powers, and not less the absence of every thing like *delusion*, are very commonly the reasons why recent cases of this form of disease are much neglected. E. T., became so much better that she was discharged on trial; but the recurrence of *moral insanity*, led to her re-admission, after the lapse of some months.

R. W., æt. 30. Insane three weeks (*puerperal insanity*). The mental disorder of this person was characterized by great excitement of mind, a rapid incoherence, and unceasing mobility and restlessness. There were present very evident signs of a vital depression or exhaustion of the bodily functions and powers; and which, taken in conjunction with the other symptoms, led one, necessarily, to conclude the direct or immediate cause of the *mania* to be a "*morbid sensibility*"



of the nervous (cerebral) fibre; and the persistance of such an abnormal phenomenon for a period of *three weeks* had resulted, as may have been expected, in so atonic a condition of the capillaries of the brain, that these becoming distended with blood realized all the conditions of *inflammation*. The injected conjunctiva, not less than the flush on the countenance, and the increased temperature of the scalp, &c., proclaimed the existence of an *asthenic* (inflammatory) condition of the brain and its membranes. To relieve the "*morbid sensibility*" mentioned as the *primary* cause of disease, in the person of R. W., the acet. morphia (in solution) with the tinct. hyosciami were given in full and repeated doses, and with good effect; the bowels were freely acted on, and the hot bath was employed. By these means the more urgent symptoms were relieved. The application of leeches behind the ears, removed the distension of the capillaries; and these being no longer injuriously affected by an exhausting nervous influence, soon recovered their lost and natural state. A proper perseverance in the same principles of treatment, brought her into a state of convalescence; and with the aid of tonics, and an occasional laxative, prescribed with the view of both restoring and preserving the assimilating functions in good order, she became perfectly well in *mind*; but in this, as in many more instances of "*mania*," "*melancholia*," &c., occurring to females, the periodical function was not restored to her for some time; and this circumstance it was, which induced me *to delay* her discharge from the Asylum. Whenever tonics are not indicated, and the occasional application of leeches to the inguinal regions, with purgatives, have failed to restore the uterine function, it is desirable to give the p. secal. corn. in doses of 10 or 15 grains each



night, to four or six doses, and then to administer a smart cathartic; mustard poultices as a local stimulant may be applied frequently to the sacrum.\*

A. D., æt. 49. Insane one month. Family disagreements so distressed this poor woman, that her removal from home became necessary to the restoration of that *mental control* indispensable to her well-being. A residence of five months in the Asylum, involving as it necessarily did an entire separation from her relatives and the cessation of troubles and anxieties, which had much oppressed her, restored her to composure and health. No kind of *medical* treatment was necessary; daily occupation and exercise in the open air were all she needed.

M. B., æt. 49. Insane one month (*mania*). This poor woman afforded an excellent example of the "*excitement without power*," mentioned in the preceding report: though greatly enfeebled and much emaciated, her "loquacity, agitation, and restlessness" were incessant. The assimilating functions being greatly deranged, the "*tonicity*" of the brain was of course still further diminished, and all the indications of mental disorder were, therefore, considerably aggravated. Unlike the case of R. W., (see page 43,) this presented no signs of "*asthenic*" inflammatory action,—the *capillaries* of the brain had up to the period of her admission retained their *power*, and had *not* become so weakened as to allow of

\* Two cases of "*intermittent menorrhagia*," (Tilt,) have lately been under treatment in the Asylum; and inasmuch as the mental symptoms, in each one, were plainly aggravated if not caused by the debility consequent on so great a drain on the system, as such a condition of things involved, it was endeavoured to remedy this said "*intermittent menorrhagia*." The solution of the SULPHATE OF QUININE in camph. mixture with acid sulp. d. and tr. card~~u~~<sup>is</sup>, were given with the best effects. (Vide *Lancet*.)

an "OVER DISTENSION:"\* a common sequence this of an "irritation," or a "morbid sensibility" of the fibrous structure of the brain; which, being continued, passes into a state of *nervous exhaustion* or *paralysis*; and under these circumstances it is the said capillaries become weakened and over *distended*; and, hence *congestion* or *inflammation*: such is the mutual dependence of the *nervous* and *vascular* systems in man and animals. The pallor of the skin, the retracted and anxious countenance, and the quick and feeble pulse, not less than the diminished temperature of the body generally, are, in themselves, good criteria of the treatment needed in all such forms of mental disorder. M. B., on admission, was put into a warm bath, and then comfortably attired; a warm and gently aperient medicine was prescribed and continued according to circumstances, with the view both of removing all morbid collections in the *prima via*, and of remedying the impaired condition of the digestive apparatus. The "*morbid sensibility*" of the brain called for the use of sedatives and the *solut. acet. morph.* with *tinct. hyosciami* in full and repeated doses, were taken with decided relief to the symptoms; but the more healthy state of the assimilating functions which manifested itself, allowed of the employment of a dietary suitable to the emergencies of the case; and the consequence of good and wholesome food both *solid* and *fluid*, including meat, porter, port wine, &c., with the *farinacea*, as bread, arrow root, and the like, was the preparation of an improved quantity and quality of *blood*; and this, it was, which finding its way to the brain proved both an agreeable and efficacious substitute for *sedatives* of whatever kind. A bottle of the best *Scotch ale*, or a tumbler of good port wine negus, has

\* Billing.

been known to prove the very best *sedative* in maniacal affections; but each case has its peculiarities, and to diagnosticate well is *the great desideratum* of the physician engaged in the treatment of cerebral disorders; as it is of course, in every department of medical science.\* The employment of tonics, but more particularly of *quinine*, seemed called for after a time, and these were therefore given, and with apparent benefit. During her residence at the Asylum, it was necessary not to relax in our attention to the stomach and bowels, as these seemed very prone to get out of order; and throughout her illness it was observed also that there was a natural delicacy of constitutional power, which rendered a good, and generous, and withal, a discriminating diet, indispensable to her. After *five months* she was discharged, *cured*.

H. H., æt. 26. This young woman was one of that unfortunate class of human beings, whose inclination to partake of intoxicating fluids to excess rendered it necessary to provide for her at an asylum of some kind. Without a healthy volition of her own, some kind of direction or restraint became needful for her well-being. She left the Asylum after four months, and it is hoped her past experience may not have proved altogether fruitless.

M. A. B., æt. 27. Insane fourteen days (?). Domestic disunion and its unhappy consequences led to various excesses

\* The author has never seen but *one* case of *mania* in which he practised bleeding with success, and this *one* was caused by a severe blow on the head, inducing an inflammatory affection of the brain and its membranes. Calomel to pytalism, with antimonials and purgatives,—including Dover's powder, to allay irritation and procure sleep,—were the additional means employed. The patient recovered and was discharged cured; although, in addition to the injury of the head, he experienced a bad fracture of the right femur. (Vide *Guthrie on Injuries to the Head*.)



and extrayagancies of speech and conduct, which resulted in her removal to the Asylum. The mere absence from home and its associations, allowed the brain to recover itself; and after three and a half months she left the Asylum cured: the restoration to health of this poor woman was plainly referrable also, in some degree, to her experience of the insane peculiarities of her neighbours; and this much facilitated the return of a more normal volition. Many analogous facts are on record.

FINIS.